



Nutrition and WIC Update

Infants Continue Receiving Solid Foods Too Soon

Julie Ornelas, RD, LD, CBE

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A recent survey conducted by the Centers for Disease Control and Prevention found that forty percent of mothers gave their baby solid food before four months of age, with nine percent starting as early as four weeks old.

This may be no surprise to WIC staff. But, it is surprisingly high in view of the fact that WIC changed its infant food packages (almost four years ago) to provide no solid food before an infant is six months of age and the American Academy of Pediatrics recommends no solid food before 4-6 months of age.

Reasons given by the mothers for early introduction of solid foods included: “My baby seemed hungry,” “My baby wanted the food I ate,” “A doctor or other health professional said my baby should begin eating solid food,” and “It would help my baby sleep longer at night.”

In preparing this article I found two research articles regarding whether introducing solid foods before four months of age helps babies sleep longer at night. Both articles refuted this. While one article was fairly old—1989, <http://www.ncbi.nlm.nih.gov/pubmed/2672785>), the other article was very recent—2010 <http://www.ncbi.nlm.nih.gov/pubmed/20347414>. The 2010 article found that infants introduced to solids prior to four months of age slept 0.39 hours less per night. Yes, less per night! The 1989 article examined whether feeding rice cereal in a bottle would promote sleeping through the night and it did not make a difference.

The reason, though, that bothered me most was a doctor or health professional recommended to moms to introduce solid foods before four months. If true, WIC staff will have to work hard to convince moms why they should not do this.

The strongest reason for not giving solid foods prior to six months is to prevent child obesity. There are many research articles to support this:

<http://pediatrics.aappublications.org/content/early/2011/02/07/peds.2010-0740.abstract>

<http://www.child-encyclopedia.com/Pages/PDF/Ventura-Savage-May-BirchANGxp.pdf>

<http://www.bmj.com/content/316/7124/21>

Postpartum Depression-Can You Help?

Martha Hagen, MS, RD, LD, IBCLC

Ten to twenty percent of new mothers experience postpartum depression in the first year after giving birth. In the WIC population the prevalence of postpartum depression is closer to twenty percent. Postpartum depression often goes unrecognized.

Baby blues last from a few days to up to two weeks. Symptoms include mood swings, anxiety, sadness, irritability, crying, decreased concentration and trouble sleeping. Signs of postpartum depression include baby blues' symptoms but they intensify and last longer. Postpartum depression symptoms may include: loss of appetite; insomnia; intense irritability and anger; overwhelming fatigue; lack of joy in life; severe mood swings; feelings of shame, guilt or inadequacy; difficulty bonding with the baby; withdrawal from family and friends; and thoughts of harming self or infant. Untreated postpartum depression may last for many months.



A screening tool that can be completed by WIC clients and easily assessed is the *Edinburgh Postnatal Depression Scale*. For more information about this assessment tool access <http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>. If using this tool, it is important to read and understand how to score and be ready to provide the client a referral.

Other sources of information include the National Women's Health Information Center <http://www.womenshealth.gov/publications/our-publications/fact-sheet/depression-pregnancy.html> and Postpartum Support International <http://postpartum.net/>.

Report From Your National WIC Association Representative

Nancy Sanchez, RD, LD, WIC Coordinator, Wyandotte County; KS LA Rep, Mountain Plains Region Rep

NWA NEEDS YOU!! DID YOU SIGN UP TO BE ON A LOCAL AGENCY COMMITTEE??? If you attended the NWA annual conference in Little Rock, there was an opportunity at the LA forum to pick up an application. There is still time to apply! If your agency is a member, then every staff person is able to participate! This opportunity is not limited to Coordinators. Get permission to BE ACTIVE! We are getting ready to determine committee members.

So far, there is one applicant from KS and I hear she is leaving WIC. And we have one from Nebraska. We need 14 people from the Mountain Plains! Colorado is doing a big push the 1st week of May. Let's get some KANSANS! Everything will be done by conference call, probably one hour max/month. Great opportunity to work with people across the country. Here is the website for more information and the applications. <http://www.nwica.org/?q=community/localagencycommittee>

How Does Your Clinic Measure Up?

Patrice Thomsen, MS, RD, LD

Here are some common observations from Management Evaluations. Read them and see how your clinic measures up.

Incorrect scheduling for secondary nutrition education

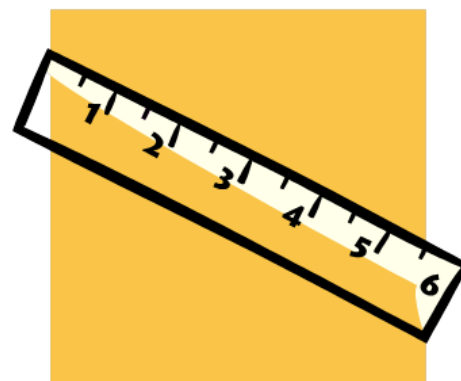
Observation: Improper completion of the Flowsheet results in high risk clients being scheduled into low risk secondary nutrition education or clients not scheduled for secondary nutrition education at all.

Correct Procedure: Why use the Flowsheet in KWIC? Because it is the plan of care!

If the Flowsheet is completed, then all staff members can know the intended plan of care for the client – when is the next appointment? What type of appointment is it to be? When should it be scheduled?

Using the Flowsheet allows any staff person to schedule the appointment because everyone knows what the plan is for the client. Using the Flowsheet ensures that the client has a secondary nutrition education or high risk appointment scheduled and then a subsequent certification appointment scheduled correctly. If a client comes in for secondary nutrition education the clerk knows what type appointment to schedule next and when and how many months of checks to issue by looking at the Flowsheet. It is a future plan. You do not have to go back and make changes to the Flowsheet in the past. (For instance if a client was planned to be recertified in March, but rescheduled for April.)

Use of the Flowsheet is briefly described in the [Getting Started](#) training module. If staff has some confusion or there has been an issue identified in your clinic's Management Evaluation, realize that there is a [KWIC Flowsheet Intensive Training](#) available on the Training page of the Kansas WIC website. (Scroll all the way to the bottom of the Training page. Use both the Power Point presentation and the Notes document.) This training can be done individually or as a group training. Either way, be sure to document that the training was completed in your WIC staff training file.



Additional Training Resources

Civil Rights	▶
Breastfeeding	▶
Nutrition Services Coordinator Responsibilities	▶
KWIC Flowsheet Intensive Training	▼
KWIC Flowsheet Intensive Training Notes	
KWIC Flowsheet Intensive Training Powerpoint	
Effective Nutrition Education	▶

Determining WIC Income Over the Phone

Rachelle Hazelton, Program Consultant



Sometimes potential WIC clients ask the LA to determine if their income meets WIC income guidelines over the phone. Determining WIC income over the phone with a potential client can be a little challenging without seeing the actual payroll slip or Leave and Earning Statement (LES). That is why it is very important for the person taking the phone call to ask probing questions to determine if the potential client is eligible for WIC services.

When talking with the caller, it is very important to ask if they are working and if so, who their employer is as well as if there are others in the household who might be working. Depending on what the answer is, will ultimately determine your next question. If the individual states they have a LES (military income statement), then you would let them know that WIC uses their Base Pay and possibly other items that could be listed under the Entitlement section. You would also need to find out if the caller or anyone in the household had received any bonuses within the last year. When someone has an LES, it would be best to tell the potential client that without actually seeing the LES it's difficult to determine if they qualify for WIC services over the phone. It would be best to set up an appointment and have them bring in their LES along with any other income documents from their household to determine if they are eligible for WIC services.

If the caller states that they have something other than a LES, you would still ask them the same questions. You would ask about everyone that is employed in the household and if anyone received a bonus within the last year. An additional question you would want to ask that is different from a person receiving a LES, is whether anyone in the household receives benefits from Temporary Aid to Families (TAF), Title XIX or Kansas Food Assistance Program. These programs would make them adjunctively eligible for WIC services even though they have given you their gross pay over the phone. You could tell the caller that based on what they have provided to you over the phone, *"it sounds like"* they would qualify for WIC services. This response is better than telling the caller they qualify for WIC, then at the appointment discovering additional income information that makes them ineligible for WIC services.

In either situation, it is best not to tell a potential client, based on a phone conversation, that they "definitely qualify" for services, unless you are confident that nothing else will be presented at the appointment that will cause them to be ineligible for WIC services. It is especially risky to tell someone they "definitely qualify" if they are close to the maximum amount on the income guidelines for the number of people in their household and salary. It would be best to tell the caller that *"it sounds like"* they would qualify for WIC services based on what they have provided to you over the phone. There are other income sources that they may not have provided to you over the phone. For example, maybe they receive child support or they have a family member that is providing financial help. These items would also be counted as income and could affect their eligibility.

The State office has received several calls from upset individuals within the last couple of months who were told over the phone they "definitely qualified" for services when in fact they did not. If the individuals had been told that *"it sounds like"* they may qualify, but without seeing the documentation it would not be possible to know for sure, the individuals wouldn't have been so upset. Determining income over the phone is difficult, so when in doubt use the phrase *"it sounds like"*. Hopefully this will reduce the number of upset individuals in your office that end up not qualifying for WIC services.

Delayed Onset of Lactogenesis in the Context of the Obesity Epidemic

Hilary Rombeck, RD, LD, Geary County Breastfeeding Coordinator

This is a review of a presentation by Laurie Nommsen-Rivers, PhD, RD, IBCLC, who presented a session at the 2012 NWA Nutrition and Breastfeeding conference.

I am sure you have heard “My milk never came in” or “I didn’t make enough when I was in the hospital.” Laurie Nommsen-Rivers, PhD, RD, IBCLC presented “Delayed Onset of Lactogenesis in the Context of the Obesity Epidemic.” She is a Research Assistant Professor of Pediatrics at the Cincinnati Children’s Hospital Medical Center. I would like to share findings from a few studies that she discussed.

When stating ‘delayed onset of lactogenesis’ (DOL), it refers to no onset of noticeable fullness/heaviness in the breasts within 72 hours of birth. ‘Failed onset of lactogenesis’ (FOL) is when the onset of noticeable fullness/heaviness does not occur at all.

A study showed in Ghana four percent of mothers had FOL, while forty four percent of mothers in a study at UC Davis reported FOL. It was interesting to compare the two environments and how they may impact the success of breastfeeding, such as mother’s weight, and birthing/postpartum practices.

Another study was done with first time mothers 18 years and older, who delivered between 36 and 40 weeks gestation. There were 532 participants and only 12 chose not to breastfeed. At 72 hours postpartum, about 56% experienced lactogenesis, after 96 hours only 20% were still awaiting, and at one week postpartum only 1.6% of mothers were still awaiting lactogenesis. The results of this show that about 99% of mothers have milk in by seven days. This reinforces the idea of holding off on supplementation and making sure mothers are nursing often during these days. Laurie emphasized the importance of moving the colostrum out during the first few days, not just focusing on nipple stimulation.



The effects of maternal weight on DOL were also discussed. A study done at UC Davis showed that having a BMI over 30 puts a woman at a 54% risk for DOL. Two out of three mothers of childbearing age have a BMI over the healthy range (>25). Other factors that increased a mother’s chance of experiencing DOL were insulin resistance/gestational diabetes, c-section, medicated births and mild pitting edema.

Laurie shared three things we can do to help mothers avoid DOL:

1. Improve maternity care- promote exclusive breastfeeding, educate mothers
2. Improve the birth experience- one example she gave was how mothers who use doula care have 50% shorter stage II labor
3. Improve post-partum infant and maternal health- room in with infant close by, early skin-to-skin

Laurie said, “Because it is common, does not mean it is normal.” This is just one of the sessions that I attended that discussed ways that our education as WIC staff can be beneficial for clients in understanding why a healthy pregnancy is important as well as what to expect during breastfeeding.

Local Agency News

We welcome these new WIC employees:

Anderson County, Desiree Mason, Clerk
Butler County, Monica Smith, RN
Crawford County, Tabitha Bridgewater, Clerk
Crawford County, Leslie Rockwood, BFPC
Dickinson County, Dickie Conn, Clerk
Douglas County, Olympia Tyner, Clerk
Ellis County, Lana Miller, Clerk
Ft. Riley, Shannon Claus, Clerk
Ft. Riley, Lisa Modrow, Clerk
Geary County, Sara Webber, RD
Harper County, Tara Lamb, Clerk

Osage County, Charlene Criqui, RN
Republic County, Linda Wendt, Clerk
Rooks County, Jenna Muhrer, BFPC
Sedgwick County, Virginia Mendez-Carrillo, Clerk
Sedgwick County, Jill Rosas, RD
Shawnee County, Lorelei Logan, Clerk
Sherman County, Cheryl Lee, RN
Stafford County, Chelsea Keck, RN
Stevens County, Trista Panjwani, RN
Woodson County, Joan Diver, Clerk
Wyandotte County, Monica Macias-Leyva, Clerk

Congratulations to:

Meredith Knowles, RN, Osage County, on her retirement

We say goodbye to these WIC friends:

Crawford County, Midge Barley, Clerk
Dickinson County, Annie Yungeberg, Clerk
Ft. Riley, Jamie Martin, Clerk
Harper County, Cynthia Erbert, Clerk
Pratt County, Jennifer Hassler, RN

Republic County, Debbie Sells, Clerk
Sedgwick County, Sara Schneider, RD
Sherman County, Nancy Prevatt, RN
Stevens County, Bridget Marshall, BFPC
Wyandotte County, Eva Salas, Clerk



Growing healthy Kansas families



Our Mission: To protect and improve the health and environment of all Kansans.

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